MICHIGAN
Immunization Update

Winter 2005 **Vol. 12, No. 1**

New immunization schedules published for 2005

A new Recommended Adult Schedule was published in October 2004 (see pages 11-13). Like the previous schedule, the adult immunization schedule continues to be offered in two separate formats. One format lists the recommendations by vaccine and medical and other conditions, and the other format lists the recommendations simply by vaccine and age group.

Changes are as follows: 1) both schedules now provide a separate row for each vaccine, 2) healthcare workers have been added to the schedule which lists immunizations by medical indication and other conditions, and 3) a special note was added regarding influenza vaccine for pregnant women.

In early January, the new 2005 Recommended Childhood/Adolescent Schedule was published (see pages 9-10). It is unchanged from the schedule that was published last summer (July 2004-Dec 2004). Please take note of the following points: 1) influenza vaccine will continue to be a recommended vaccine for all 6-23 month-old children, their household contacts (including siblings) and caregivers, 2) this schedule will be in effect through December 2005.

Remember, the footnotes to each schedule contain important information. Reading and reviewing them is an excellent refresher and will assist in keeping you up-to-date on current recommendations.

Want more information? Start the New Year off right – call your local health department to schedule a free immunization update and to receive your 2005 AIM Kit. (You may also order the 2005 AIM Kit online at http://www.hpclearinghouse.org.)

Newsletter now available by email

In an effort to cut costs, we are encouraging our readers to sign up to receive this newsletter by email. Simply send an email to Rosemary Franklin at franklinr@michigan.gov with the word SUBSCRIBE in the SUBJECT field. You will be added to the MDCH Division of Immunization email distribution list and in the future, you will receive the newsletter via email.

People on the distribution list receive the Michigan Immunization Update newsletters, MDCH Fall Regional Immunization Conferences brochures, and periodic immunization information updates. An added bonus is that you will receive the newsletter more promptly than subscribers who are receiving their newsletters through regular mail. For more information, please call Rosemary Franklin at 517-335-9485.

Order your 2005 AIM Tool Kit today

The 2005 Alliance for Immunization in Michigan (AIM) Provider Tool Kit is now available. This nationally recognized immunization resource contains new and updated information for health care professionals who administer vaccines to their patients. This year's AIM Kit includes the Recommended Immunization Schedules for both children and adults for 2005, information on proper storage and handling of vaccines, documentation, patient and parent education materials, accurate resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources. Physicians and nurses can earn continuing education credits for reading the AIM Kit (for more information, check the Vaccine Storage and Resources section).

To order your new AIM Kit, go to http://www.hpclearinghouse.org. If ordering online is not convenient, use the order form provided in this newsletter on pages 14-15 or call 1-888-76-SHOTS.

Win a free conference registration

To enter a drawing for a free registration to the MDCH regional immunization conference of your

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Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

2005 AIM Tool Kits are now available

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choice, return the response post card that is included on the front of your 2005 AIM Kit. Be sure to include your contact information. To be eligible, post cards must be postmarked by May 20th. The drawing will be held on May 27th and the winner will be notified at that time.

To all the sponsors who funded the 2005 AIM Kit, thank you for making this year's kit possible. We appreciate your generous support. We couldn't do it without you!

Sponsors

- Aventis Pasteur
- Blue Care Network
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- Health Alliance Plan
- HealthPlus of Michigan
- Henry Ford Health System - Department of Pediatrics
- M-CARE
- Michigan Chapter of the American Academy of Pediatrics
- Michigan Health & Hospital Association
- Michigan State Medical Society
- MSU Extension Physician Peer Education Project on Immunization
- Midwest Health Plan, Inc.
- Molina Healthcare of Michigan
- Michigan Pharmacists Association
- Priority Health
- Providence Hospital and Medical Centers
- St John Health
- Saint Joseph Mercy Health System
- Sinai-Grace Hospital/Detroit Medical Center
- University of Michigan

If you don't see your organization's name on this list, would you please consider becoming a sponsor of next year's AIM Kit? For information on how your organization could become a sponsor for the annually updated AIM Kit, call Therese McGratty at 313-456-4431.

Annual regional immunization conferences draw 1,400 participants

More than 1,400 health care professionals attended the statewide regional immunization conferences held in October and November 2004. The conferences were held in Detroit, Gaylord, Marquette, East Lansing, Kalamazoo, Troy, and Ypsilanti.

Presentations included updates on pediatric and adult vaccines, as well as a Michigan Childhood Immunization Registry update. There was a session on helping families with questions about childhood vaccines, and a one-hour troubleshooting panel, where a panel of immunization experts answered audience questions on a variety of immunization issues. Speakers included two keynote speakers from out of state – William Atkinson, M.D., M.P.H., of the CDC National Immunization Program and Sharon Humiston, M.D., M.P.H., of the University of Rochester. David Luoma, M.D., from Marquette, was the keynote speaker at the Gaylord and Marquette conferences. There were also a number of speakers from the Michigan Department of Community Health and several local health departments, as well as some community providers.

Fall 2005 conferences

Planning for the 2005 regional immunization conferences is underway. The locations and dates for the 2005 conferences are listed below.

Conference brochures will be mailed in early June to all recipients of the Michigan Immunization Update newsletter. Registrations will not be accepted until the conference brochures are mailed out. If you have not received a brochure by June 10, call the Division of Immunization at 517-335-8159 to request a brochure.

You can receive your brochure via email

To receive the conference brochure electronically, send an email to franklinr@michigan.gov. Enter the word SUBSCRIBE in the SUBJECT field. You will be added to the MDCH Division of Immunization email distribution list. People on this list receive the conference brochure, Michigan Immunization Update newsletters, and periodic immunization information updates. The conference brochure will be sent to the email distribution list by June 10.

Locations & dates of the 2005 conferences

Oct. 4
Treetops Conference Center
Gaylord
Keynote speaker:
David Luoma, M.D.

Oct. 6
Northern Michigan University
Marquette
Keynote speaker:
David Luoma, M.D.

Oct. 18
Wayne State University
Detroit
Keynote speaker:
William Atkinson, M.D., M.P.H.

Oct. 19
Eastern Michigan University
Ypsilanti
Keynote speaker:
William Atkinson, M.D., M.P.H.

Oct. 25
M.S.U. Management Education Center, Troy
Keynote speaker:
William Atkinson, M.D., M.P.H.

Nov. 1
Western Michigan University
Kalamazoo
Keynote speaker:
Sharon Humiston, M.D., M.P.H.

Nov. 2
Michigan State University
East Lansing
Keynote speaker:
Sharon Humiston, M.D., M.P.H.

The following free programs are available upon request

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Physician Peer Education – contact Tammy Sullivan at 517-432-8204

Immunization Update for Office Staff – contact Carlene Lockwood at 517-335-9070

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

Immunization rates at St. John Pediatric Associates increase dramatically

Mary Richardson, Supervisor, St. John Pediatric Associates

The immunization rates at St. John Pediatric Associates of Macomb Township and St. Clair Shores have risen dramatically during the past 3½ years. When an immunization assessment was conducted at this practice for the first time, in August 2001, the results were very disappointing. The staff decided that they would use the poor assessment levels to help motivate the staff to commit themselves to improvement, and to assure that all their patients were up-to-date on immunizations.

Staff meetings and discussions identified a major problem: multiple records were located in different places in the chart, making the task of finding accurate information difficult. It was decided to color code the immunization record and begin condensing it onto one main form. Staff agreed to use the Vaccine Administration Record and Children and Teens form, which can be found in the Alliance for Immunization in Michigan (AIM) Provider Tool Kit. (More information about the AIM Provider Tool Kit is available on page 1). Under the new protocol, the Vaccine Administration Record is placed in the front of the chart for easy viewing. This project is ongoing, since there are over 7,000 charts to review at each office.

Teamwork is an essential part of the plan. Every staff member plays an important role, from the individuals who greet patients, to those who schedule appointments, to those who personally meet with the parents and children at the office visits.

To help support the staff, in-services were arranged. Training on how to use the Michigan Childhood Immunization Registry (MCIR) and an immunization in-service were provided by the local health department free of charge. The entire staff is now trained on the use of MCIR, and accesses it on a daily basis. Using the *Batch Reporting* feature of MCIR for prescheduled appointments helps with updating records. *Batch Reporting* also makes the immunization record available for parents.

All immunizations given at St. John Pediatrics are electronically transmitted into MCIR via their billing system. Since April 1998, over 63,000 immunizations have been recorded in MCIR.

The light at the end of the tunnel has begun to shine for this hard working and dedicated practice. When the immunization coverage level for children 19–36 months of age was assessed in late 2004, the result was 87 percent. This reflects the percentage of children protected with 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, 3 doses of hepatitis B, and 1 dose of varicella vaccine. This is an increase of 31 percent.

The Michigan Department of Community Health would like to thank St. John Pediatrics for their dedication to protecting children's health.

The immunization rates have risen dramatically at St. John Pediatrics Associates, thanks to its dedicated and hardworking staff.

Put your practice or clinic in this newsletter

The *Michigan Immunization Update* staff would like to include more articles that feature local programs, practices, or events. Would you like to contribute an article? We would like to hear from you. For more information, call Rosemary Franklin at 517-335-9485. Rosemary's e-mail address is: franklinr@michigan.gov.

Bronson Rambling Road Pediatrics of Portage receives Region 2 Site of Excellence Award

Contributed by Karen McGettigan, Region 2 MCIR Coordinator

In September, Bronson Rambling Road Pediatrics of Portage was honored as the recipient of the Michigan Childhood Immunization Registry (MCIR) Region 2 Private Provider Site of Excellence Award for 2004. There were over thirty attendees at the luncheon honoring the practice, where Allan LaReau, M.D., accepted the award on behalf of the staff. "We are honored to receive this award," said Dr. LaReau. "Vaccines are the single most effective method to prevent life-threatening diseases, such as measles, mumps, whooping cough and polio. Here in the United States, we think we are immune to these devastating diseases – due to vaccines, we rarely encounter them. But that does not mean the war is won; it is a continuous battle that begins again with each new baby born."

The practice's staff has shown exemplary use of the MCIR. The office uses MCIR daily, inputting shot information and printing records of children with appointments. They add all of the immunization information for all of the children they serve, regardless of the age of the child or the origin of the shot data. Kathy Kronke, MCIR Region 2 Helpdesk Administrative Assistant, said, "This office is consistently one of the first to inquire about new MCIR functionality and its purpose. I know they truly are using the software to its fullest extent, because they notice the changes made to the database shortly after system upgrades."

Therese Hoyle, statewide MCIR coordinator, presents the MCIR Region 2 2004 Site of Excellence Award to Dr. Allan LaReau of Bronson Rambling Road Pediatrics of Portage.

At the time of nomination, the office had reached an outstanding immunization rate. Ninety-one percent of the practice's 563 children in the 19-36 month age range were up-to-date on their immunizations. This is the first practice in Kalamazoo County to reach an immunization level of 91 percent. "Bronson Rambling Road Pediatrics of Portage is truly an immunization leader in our county," said Roxanne Ellis, R.N., B.S.N., IAP coordinator, Kalamazoo County Human Services Department.

Bronson Medical Group has adopted the percentage of up-to-date children in the 19-36 month age group as the quality indicator for clinical excellence in pediatrics. This information is reported quarterly to the Board of Directors at Bronson. Melissa Madsen, Practice Manager at Bronson Rambling Road Pediatrics said, "Our goal to be a leader in pediatrics is aligned with our organizational vision to be the national leader in healthcare quality. We are held accountable for doing our part to achieve the organizational vision and are making this a reality by concentrating on up-to-date immunization rates." Bronson Rambling Road Pediatrics is dedicated to working closely with the Kalamazoo County Human Services Department to continuously improve the use of MCIR when reporting immunizations administered.

Do you have your 2005 AIM Provider Tool Kit yet?

There are 3 ways that you can order a 2005 AIM Provider Tool Kit:

- Order online at: www.hpclearinghouse.org
- Call 1-888-76-SHOTS
- Use the order form on pages 14-15

Saturday clinics meet with success in Monroe County

Contributed by Patsy Bourgeois, R.N., M.S., Monroe County Health Department

The Monroe County Health Department held special immunization clinics on four Saturdays throughout 2004 to help parents obtain immunizations for their children during non-traditional hours. It is often difficult for families to access immunizations during traditional hours, and the Saturday clinics have been well received in the community.

During 2004, Saturday clinics were held in May, June, August and September to help parents prepare for school registration. Nursing and clerical staff worked from 9am–2pm registering and vaccinating those children who qualified for the Vaccines for Children program. The program was funded through the Monroe Rotary Club. "Nurse Rosy Goodhealth" and Ellie Mruzek, R.N. (pictured on the right), entertained the children while they waited for immunizations, and comforted the children after they received their shots. McDonalds provided refreshments for those who attended.

Advertising for the clinics was accomplished through messages on the monthly recall letters, advertisement in the local newspapers, and flyers sent to daycare, preschool, and school programs.

The clinics were successful - 158 children received 389 immunizations.

Nurse Rosy Goodhealth and Ellie Mruzek, R.N., entertain children in the waiting room.

Vaccine safety information

Q **Sometimes I get some really tough questions from parents. What's a good vaccine safety website where I can look for some answers to their questions?**

A Part of the CDC National Immunization Program website is devoted solely to vaccine safety: http://www.cdc.gov/nip/vacsafe

Did you know that MDCH distributes a *Vaccine Safety* brochure? A number of excellent vaccine safety website addresses are included in this brochure. The *Vaccine Safety* brochure is listed on the bottom of the order form on page 14. Order one or more of these brochures today!

Number of reported cases of vaccine-preventable diseases, Michigan

(2004 data are provisional)

Disease	Total cases 2004	Total cases 2003
Chickenpox (varicella)	4,240	4,171
Diphtheria	0	0
H. influenzae b invasive disease (< 5 years old)	1	3
Hepatitis B	257	223
Measles	0	2
Mumps	3	8
Pertussis	312	140
Polio	0	0
Rubella	0	0
Tetanus	0	0

Michigan's Perinatal Hepatitis B Program

The Perinatal Hepatitis B Prevention Program's mission is to identify hepatitis B surface antigen (HBsAg) positive women prenatally or at delivery so that their infants, household and sexual contacts can be tested and treated to prevent the spread of the hepatitis B virus (HBV). Through this program, the perinatal transmission of the hepatitis B virus is reduced. Those enrolled in this program are able to receive free HBIG, hepatitis B vaccine, and serology. In addition, the program provides education to healthcare providers, HBsAg positive women, and their contacts about hepatitis B.

Michigan law states:

- Physicians must test all pregnant women for HBsAg at the woman's initial visit.
- Physicians must report all HBsAg positive pregnant women to the local health department within 24 hours.
- Laboratories must report all HBsAg positive test results to the local health department within 24 hours.

Program Components

Prenatal Care Provider:

- Test all pregnant women for HBsAg during every pregnancy.
- Repeat HBsAg testing for high-risk women late in their pregnancy.
- Report all HBsAg positive pregnant women to the local health department within 24 hours.
- Notify the delivery hospital of HBsAg positive pregnant women, provide a copy of her laboratory results with the prenatal work-up sheets, and provide prophylaxis requirements for the baby.

Laboratory:

- Report all HBsAg positive results to the local health department within 24 hours.

Hospital:

- Give babies born to women who are HBsAg positive, hepatitis B immune globulin (HBIG) and hepatitis B vaccine within **12 hours of birth**.
- Notify baby's healthcare provider of mom's HBsAg status and that the baby needs additional doses of hepatitis B vaccine and follow-up serology.

Baby's Healthcare Provider:

- Give babies born to women who are HBsAg positive another dose of hepatitis B vaccine at 1 month and 6 months of age.
- Test these babies 3-9 months after the completion of the hepatitis B vaccine series for **HBsAg** and for the hepatitis B surface antibody (**anti-HBs**).
- If these babies are not protected and not infected, repeat three doses of hepatitis B vaccine and retest the baby 1 month after this repeated vaccine series.

Contact's Healthcare Provider:

- Identify, test and treat all household and sexual contacts related to women who are HBsAg positive.
- Test, and for susceptible contacts, give three doses of hepatitis B vaccine, and post-vaccination serology.

Program Case Manager (from local or state health department):

- Ensure that all infants, household and sexual contacts are tested and treated to ensure protection from HBV.
- Provide hepatitis B education to women, their contacts and their healthcare providers.

The Michigan Department of Community Health offers free on-site hepatitis in-services. For more information, call Pat Fineis at 1-800-964-4487.

Changes to the Michigan Adult Vaccine Replacement Program (MI-VRP)

Effective January 1, 2005

The Michigan Adult Vaccine Replacement Program (MI-VRP) provides certain vaccines for qualifying adults 19 years of age or older at local health departments (LHDs). Medicaid will now cover the cost of vaccine for eligible clients for Td, MMR, IPV, and hepatitis B as well as other non-routine vaccines that were already covered by Medicaid. Vaccine will no longer be made available to private providers for the VRP. Private providers must serve Medicaid adults with private stock vaccine and bill Medicaid for the cost of the vaccine and the administration fee. LHDs are able to serve adults with vaccines supplied by MDCH for Medicaid, uninsured, and underinsured (health insurance with no coverage for vaccine). MDCH encourages LHDs to bill Medicaid for these vaccine costs rather than using the replacement vaccines since funds may be limited to support this program in the future.

For further information on the MI-VRP, contact the Immunization Program at your local health department.

	Private Provider Offices		Local Health Department Clinics	
	Medicaid[1]	Uninsured and Underinsured	Medicaid, Uninsured, and Underinsured	Insured
Td	No	No	Yes[2]	No
IPV	No	No	Yes[3]	No
MMR	No	No	Yes[4]	No
Hep A	No	No	Yes[5]	No
Hep B (19-25 years)	No	No	Yes[7]	Through HR Hep B Prog[6]
Hep B (25 yrs and older)	No	No	Yes[7]	No

1 Privately purchased Td, IPV, MMR, hepatitis A, and hepatitis B may be administered to any **adult** Medicaid-enrolled client according to ACIP recommendations and the cost of the vaccine and administration may be billed to Medicaid beginning January 1, 2005.

2 LHDs may serve Medicaid, uninsured and underinsured (health insurance with no coverage for vaccine) adults with Td vaccine who have no documented history of having received diphtheria- and tetanus-containing vaccine within the last 10 years.

3 IPV may be administered at local health departments according to ACIP recommendations to adults who are Medicaid, uninsured, or underinsured.

4 MMR may be administered at local health departments to college students, born on or after 1/1/57, who do not have a documented history of having received two doses of MMR vaccine at least one month apart and are Medicaid, uninsured, or underinsured.

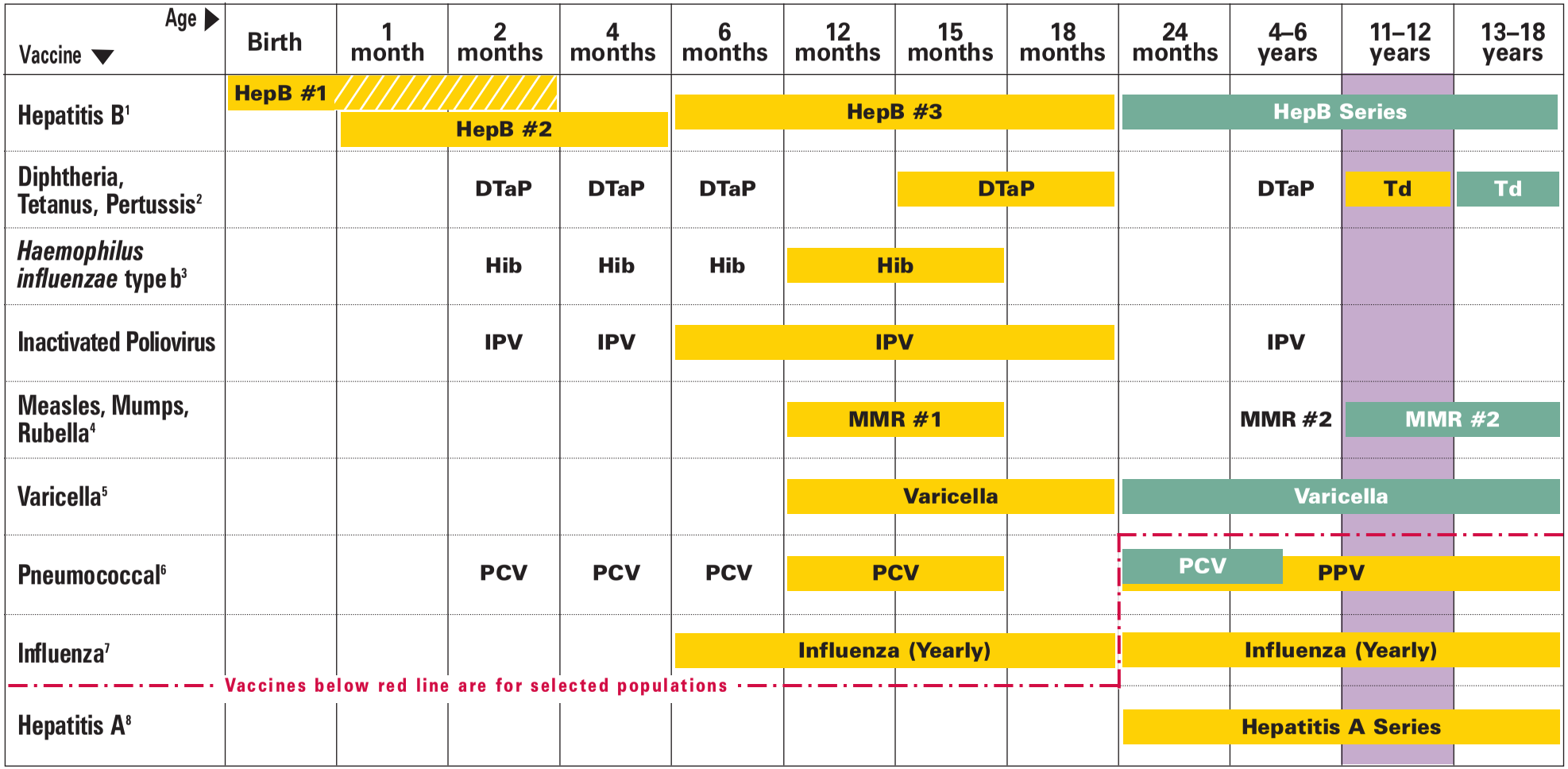
5 LHDs may administer hepatitis A vaccine to Medicaid, uninsured, and underinsured clients who meet one of the following criteria: injecting drug users, men who have sex with men, or those who have chronic liver disease.

6 Please see page II-6 for High Risk Hepatitis B Program qualifications.

7 LHDs and federally qualified health centers may administer hepatitis B vaccine to all Medicaid, uninsured, and underinsured adults who meet one of the criteria listed below.

- Household and/or sexual contacts of hepatitis B virus infected persons
- Men who have sex with men
- Sexually active heterosexual men and women with multiple sexual partners
- Prostitutes
- Persons diagnosed with a recently acquired sexually transmitted disease
- Hemodialysis patients
- Recipients of certain blood products
- Immigrants/refugees from countries where HBV infection is endemic (see Page IV-9)
- Individuals who have chronic liver disease
- Intravenous drug users

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.

Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

- Range of recommended ages
- Only if mother HBsAg(–)
- Preadolescent assessment
- Catch-up immunization

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC SAFER·HEALTHIER·PEOPLE™

The Childhood and Adolescent Immunization Schedule is approved by:
Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
American Academy of Pediatrics www.aap.org
American Academy of Family Physicians www.aafp.org

Footnotes

Recommended Childhood and Adolescent Immunization Schedule

UNITED STATES • 2005

1. **Hepatitis B (HepB) vaccine.** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

   Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

   Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. ***Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. **Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

5. **Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. **Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children aged 2–23 months. It is also recommended for certain children aged 24–59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.

7. **Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53(RR-6):1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. **Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

Recommended Adult Immunization Schedule by Vaccine and Age Group

UNITED STATES · OCTOBER 2004–SEPTEMBER 2005

Vaccine \ Age group (yrs)	19–49	50–64	≥65
Tetanus, Diphtheria (Td)*	1 dose booster every 10 years[1]		
Influenza	1 dose annually[2]		1 dose annually
Pneumococcal (polysaccharide)	1 dose[3,4]		1 dose[3,4]
Hepatitis B*	3 doses (0, 1–2, 4–6 months)[5]		
Hepatitis A*	2 doses (0, 6–12 months)[6]		
Measles, Mumps, Rubella (MMR)*	1 or 2 doses[7]		
Varicella*	2 doses (0, 4–8 weeks)[8]		
Meningococcal (polysaccharide)	1 dose[9]		

*Covered by the Vaccine Injury Compensation Program.
See Footnotes for Recommended Adult Immunization Schedule on back cover.

For all persons in this group

For persons lacking documentation of vaccination or evidence of disease

For persons at risk (i.e., with medical/exposure indications)

The Recommended Adult Immunization Schedule is Approved by the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP)

This schedule indicates the recommended age groups for routine administration of currently licensed vaccines for persons aged ≥19 years. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. Providers should consult manufacturers' package inserts for detailed recommendations.

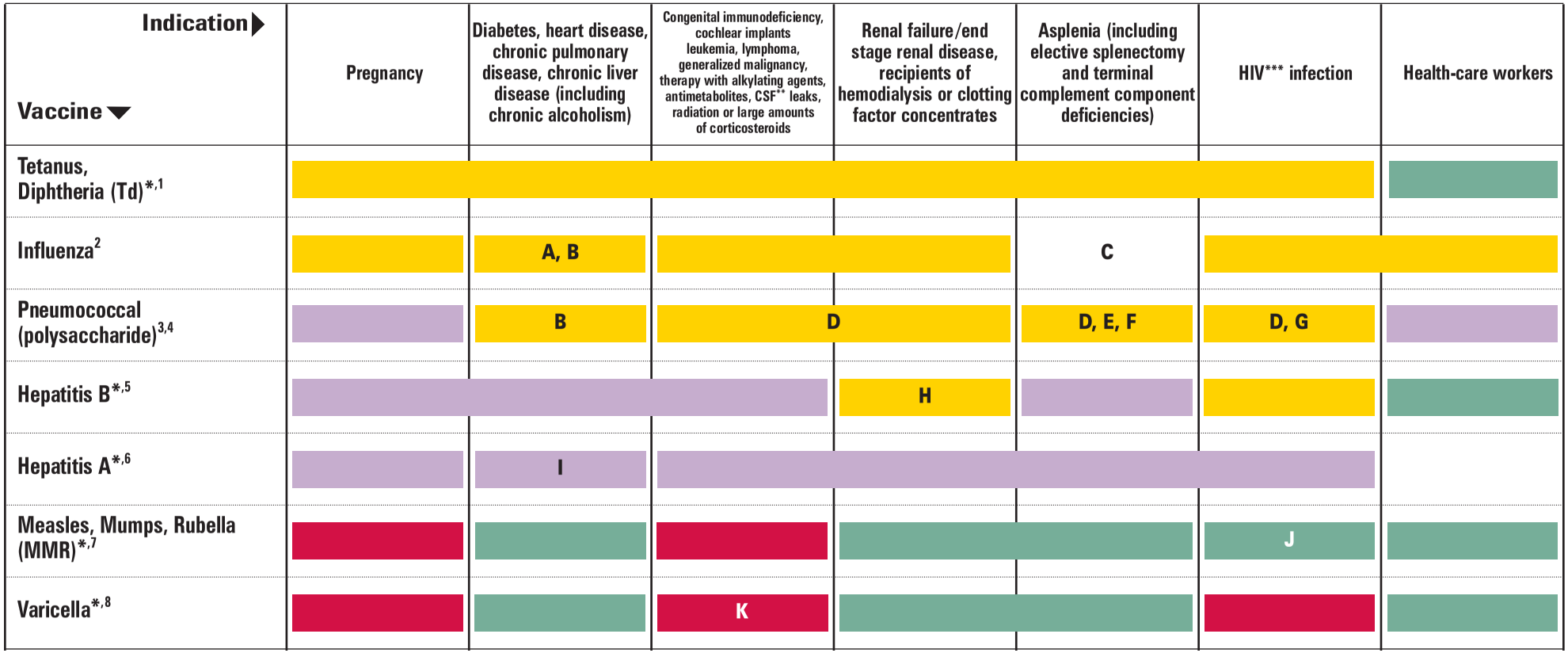
Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by telephone, 800-822-7967, or from the VAERS website at http://www.vaers.org.

Information on how to file a Vaccine Injury Compensation Program claim is available at http://www.hrsa.gov/osp/vicp or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, DC 20005, telephone 202-219-9657.

Additional information about the vaccines listed above and contraindications for immunization is available at http://www.cdc.gov/nip or from the National Immunization Hotline, 800-232-2522 (English) or 800-232-0233 (Spanish).

Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications

UNITED STATES · OCTOBER 2004–SEPTEMBER 2005



*Covered by the Vaccine Injury Compensation Program.
**Cerebrospinal fluid.
***Human immunodeficiency virus.
See Special Notes for Medical and Other Indications below. Also see Footnotes for Recommended Adult Immunization Schedule on back cover.

For all persons in this group

For persons lacking documentation of vaccination or evidence of disease

For persons at risk (i.e., with medical/exposure indications)

Contraindicated

Special Notes for Medical and Other Indications

A. Although chronic liver disease and alcoholism are not indications for influenza vaccination, administer 1 dose annually if the patient is aged ≥50 years, has other indications for influenza vaccine, or requests vaccination.

B. Asthma is an indication for influenza vaccination but not for pneumococcal vaccination.

C. No data exist specifically on the risk for severe or complicated influenza infections among persons with asplenia. However, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

D. For persons aged <65 years, revaccinate once after ≥5 years have elapsed since initial vaccination.

E. Administer meningococcal vaccine and consider *Haemophilus influenzae* type b vaccine.

F. For persons undergoing elective splenectomy, vaccinate ≥2 weeks before surgery.

G. Vaccinate as soon after diagnosis as possible.

H. For hemodialysis patients, use special formulation of vaccine (40 μg/mL) or two 20 μg/mL doses administered at one body site. Vaccinate early in the course of renal disease. Assess antibody titers to hepatitis B surface antigen (anti-HB) levels annually. Administer additional doses if anti-HB levels decline to <10 mIU/mL.

I. For all persons with chronic liver disease.

J. Withhold MMR or other measles-containing vaccines from HIV-infected persons with evidence of severe immunosuppression (see *MMWR* 1998;47 [No. RR-8]:21–2 and *MMWR* 2002;51 [No. RR-2]:22–4).

K. Persons with impaired humoral immunity but intact cellular immunity may be vaccinated (see *MMWR* 1999;48[No. RR-6]).

Footnotes

Recommended Adult Immunization Schedule · UNITED STATES · OCTOBER 2004–SEPTEMBER 2005

1. **Tetanus and diphtheria (Td).** Adults, including pregnant women with uncertain history of a complete primary vaccination series, should receive a primary series of Td. A primary series for adults is 3 doses; administer the first 2 doses at least 4 weeks apart and the 3rd dose 6–12 months after the second. Administer 1 dose if the person received the primary series and if the last vaccination was received ≥10 years previously. Consult recommendations for administering Td as prophylaxis in wound management (see *MMWR* 1991;40[No. RR-10]). The American College of Physicians Task Force on Adult Immunization supports a second option for Td use in adults: a single Td booster at age 50 years for persons who have completed the full pediatric series, including the teenage/young adult booster.

2. **Influenza vaccination.** The Advisory Committee on Immunization Practices (ACIP) recommends inactivated influenza vaccination for the following indications, when vaccine is available. *Medical indications:* chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]); and pregnancy during the influenza season. *Occupational indications:* health-care workers and employees of long-term–care and assisted living facilities. *Other indications:* residents of nursing homes and other long-term–care facilities; persons likely to transmit influenza to persons at high risk (i.e., in-home caregivers to persons with medical indications, household/close contacts and out-of-home caregivers of children aged 0–23 months, household members and caregivers of elderly persons and adults with high-risk conditions); and anyone who wishes to be vaccinated. For healthy persons aged 5–49 years without high-risk conditions who are not contacts of severely immunocompromised persons in special care units, either the inactivated vaccine or the intranasally administered influenza vaccine (FluMist®) may be administered (see *MMWR* 2004;53[No. RR-6]).
   Note: Because of the vaccine shortage for the 2004–05 influenza season, CDC has recommended that vaccination be restricted to the following priority groups, which are considered to be of equal importance: all children aged 6–23 months; adults aged ≥65 years; persons aged 2–64 years with underlying chronic medical conditions; all women who will be pregnant during the influenza season; residents of nursing homes and long-term–care facilities; children aged 6 months–18 years on chronic aspirin therapy; health-care workers involved in direct patient care; and out-of-home caregivers and household contacts of children aged <6 months. For the 2004–05 season, intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for healthy persons who are aged 5–49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged <6 months (see *MMWR* 2004;53:923–4).

3. **Pneumococcal polysaccharide vaccination.** *Medical indications:* chronic disorders of the pulmonary system (excluding asthma); cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, generalized malignancy, or organ or bone marrow transplantation); chemotherapy with alkylating agents, antimetabolites, or long-term systemic corticosteroids; or cochlear implants. *Geographic/other indications:* Alaska Natives and certain American Indian populations. *Other indications:* residents of nursing homes and other long-term–care facilities (see *MMWR* 1997;46[No. RR-8] and *MMWR* 2003;52:739–40).

4. **Revaccination with pneumococcal polysaccharide vaccine.** One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, generalized malignancy, or organ or bone marrow transplantation); or chemotherapy with alkylating agents, antimetabolites, or long-term systemic corticosteroids. For persons aged ≥65 years, one-time revaccination if they were vaccinated ≥5 years previously and were aged <65 years at the time of primary vaccination (see *MMWR* 1997;46[No. RR-8]).

5. **Hepatitis B vaccination.** *Medical indications:* hemodialysis patients or patients who receive clotting factor concentrates. *Occupational indications:* health-care workers and public-safety workers who have exposure to blood in the workplace; and persons in training in schools of medicine, dentistry, nursing, laboratory technology, and other allied health professions. *Behavioral indications:* injection-drug users; persons with more than one sex partner during the previous 6 months; persons with a recently acquired sexually transmitted disease (STD); all clients in STD clinics; and men who have sex with men. *Other indications:* household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for the developmentally disabled; inmates of correctional facilities; or international travelers who will be in countries with high or intermediate prevalence of chronic HBV infection for >6 months (http://www.cdc.gov/travel/diseases/hbv.htm) (see *MMWR* 1991;40[No. RR-13]).

6. **Hepatitis A vaccination.** *Medical indications:* persons with clotting factor disorders or chronic liver disease. *Behavioral indications:* men who have sex with men or users of illegal drugs. *Occupational indications:* persons working with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory setting. *Other indications:* persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A. If the combined Hepatitis A and Hepatitis B vaccine is used, administer 3 doses at 0, 1, and 6 months (http://www.cdc.gov/travel/diseases/hav.htm) (see MMWR 1999;48[No. RR-12]).

7. **Measles, mumps, rubella (MMR) vaccination.** *Measles component:* adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥1 dose of MMR unless they have a medical contraindication, documentation of ≥1 dose, or other acceptable evidence of immunity. A second dose of MMR is recommended for adults who 1) were recently exposed to measles or in an outbreak setting, 2) were previously vaccinated with killed measles vaccine, 3) were vaccinated with an unknown vaccine during 1963–1967, 4) are students in postsecondary educational institutions, 5) work in health-care facilities, or 6) plan to travel internationally. *Mumps component:* 1 dose of MMR vaccine should be adequate for protection. *Rubella component:* Administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable and counsel women to avoid becoming pregnant for 4 weeks after vaccination. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Do not vaccinate pregnant women or those planning to become pregnant during the next 4 weeks. For women who are pregnant and susceptible, vaccinate as early in the postpartum period as possible (see *MMWR* 1998;47[No. RR-8] and *MMWR* 2001;50:1117).

8. **Varicella vaccination.** Recommended for all persons lacking a reliable clinical history of varicella infection or serologic evidence of varicella zoster virus (VZV) infection who might be at high risk for exposure or transmission. This includes health-care workers and family contacts of immuno-compromised persons; persons who live or work in environments where transmission is likely (e.g., teachers of young children, child care employees, and residents and staff members in institutional settings); persons who live or work in environments where VZV transmission can occur (e.g., college students, inmates, and staff members of correctional institutions, and military personnel); adolescents aged 11–18 years and adults living in households with children; women who are not pregnant but who might become pregnant; and international travelers who are not immune to infection.
   Note: Approximately 95% of U.S.-born adults are immune to VZV. Do not vaccinate pregnant women or those planning to become pregnant during the next 4 weeks. For women who are pregnant and susceptible, vaccinate as early in the postpartum period as possible (see *MMWR* 1999;48[No. RR-6]).

9. **Meningococcal vaccine (quadrivalent polysaccharide for serogroups A, C, Y, and W 135).** *Medical indications:* adults with terminal complement component deficiencies or those with anatomic or functional asplenia. *Other indications:* travelers to countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa and Mecca, Saudi Arabia). Revaccination after 3–5 years might be indicated for persons at high risk for infection (e.g., persons residing in areas where disease is epidemic). Counsel college freshmen, especially those who live in dormitories, regarding meningococcal disease and availability of the vaccine to enable them to make an educated decision about receiving the vaccination (see *MMWR* 2000;49[No. RR-7]). The American Academy of Family Physicians recommends that colleges should take the lead on providing education on meningococcal infection and availability of vaccination and offer it to students who are interested. Physicians need not initiate discussion of meningococcal quadrivalent polysaccharide vaccine as part of routine medical care.

Free immunization brochures and materials order form

Order these materials online at http://www.hpclearinghouse.org

An alternative to ordering online is to fax the order form to (517) 699-2376. For information about orders that have already been placed, call the MDCH Clearinghouse toll-free at (888) 76-SHOTS. Any other questions should be directed to Rosemary Franklin at (517) 335-9485 or franklinr@michigan.gov.

Please enter quantity for each requested item. (Orders for brochures are usually limited to 500, unless otherwise stated. Limits on orders may be temporarily decreased if inventory is low.)

Quantity needed	Item requested
(Limit 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2005** This packet contains up-to-date information for health care professionals who administer vaccines to their patients, including updated immunization schedules for children and adults, information about contraindications, administration, documentation, and storage and handling of vaccines.
(Limit 1,000 cards per office)	**Adult Immunization Record Card**
(Limit 50 cards per office)	**Influenza Vaccination Pocket Guide –** (the pocket guides are for health care providers ONLY)
(Limit 50 cards per office)	**Pneumococcal Polysaccharide (PPV23) Vaccination Pocket Guide –** (for health care providers)
Quantity needed	**Brochures**
(Limit 1,000 per office)	**Keep Your Family Safe from the Flu** **New brochure**
	If you have diabetes, getting a flu shot is a family affair
	Immunize Your Little Michigander
	Shots for your child (about the Vaccines for Children program) **New brochure**
	Are you 11-19 years old? Then you need to be protected…
	Vaccine Safety – What parents need to know

Quantity needed	Brochures
	Immunizations – They're not just for kids. Are you protected?
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know (ABCs)
	Antibiotics: What You Should Know
	What is West Nile Virus?

Fax this form to the MDCH Clearinghouse at (517) 699-2376

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For more information or special requests, contact Rosemary Franklin at (517) 335-9485 or franklinr@michigan.gov

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Ingham County Health Department and local fire station offer drive-through flu clinic

Contributed by Joy Maloney, R.N., Immunization Program Supervisor, Ingham County Health Department

The flu vaccine shortage during the 2004-2005 influenza season created access problems that were especially difficult for people using wheelchairs and walkers and for others with mobility problems. Frail people were standing in lines for two or more hours, even in inclement weather, to obtain their flu shot in public clinics. In addition, many physicians did not have vaccine to administer to the individuals in an office setting.

Joy Maloney, R.N., Immunization Program Supervisor at the Ingham County Health Department teamed up with Fire Marshall Pat Brown at the Delhi Township Fire Department to address this problem. A drive-through flu clinic was scheduled at the fire station located in Holt. The goal was to help high-risk people who couldn't stand in line at a regular flu clinic to obtain flu shots.

Flu shots were arranged by appointment. Public health nurses, immunization clinic staff, and Tri-County Office on Aging made referrals. Appointments were arranged by follow up phone calls. Flu Administration Record forms were mailed to participants to be completed before the clinic.

On the clinic day, fire trucks were parked outside. Fire fighters enthusiastically participated by directing cars into the truck bays. Inside the fire station, both clients and clinic staff were protected from the weather. All paperwork review, patient screening and vaccine administration took place while the clients stayed in their cars.

Fifty-four very satisfied individuals received their flu shots in the comfort of their vehicles. Many people asked to sign up for next year. The results were so positive that next year, the Ingham County Health Department plans to increase the number of appointments and offer this service to more individuals.